MARYLAND

# Perinatal network

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Maryland Department of Health and Mental Hygiene

**Electronic Newsletter**

Fall 2007

The Perinatal Network News is a publication of the Department of Health and Mental Hygiene's (DHMH) Center for Maternal and Child Health (CMCH). It is funded through a Crenshaw Perinatal Health Initiative grant provided to the Montgomery County Health Department.

The publication is intended as a communication tool for sharing perinatal information for a statewide audience, with information and resources that address statewide issues. It is designed as a vehicle to encourage collaboration and networking throughout the state. The newsletter provides an opportunity to share information on preconception and perinatal health issues and priorities, infant morbidity and mortality, county statistical trends and perinatal and child health indicators. It is an opportunity for local programs to share their strengths and insights as well as opportunities to ask for feedback and assistance in solving a local problem.

To ensure that this newsletter is a success, we need and encourage your participation. Please let us know of any items you would like to contribute, if you have suggestions for topics or areas you would like to see covered, or if you see that incorrect information was provided or that important information was inadvertently left out.

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## Mother Child Health (MCH) Update

*Jeanne L. Brinkley, Chief, MCH Systems Consultant, Department of Health and Mental Hygiene, Center for Maternal Child Health*

For the final Perinatal Newsletter in this format, we have chosen to end on a positive theme. There are many dedicated staff who toil every day in the MCH fields but remain the unsung heroes for mothers and babies in Maryland. Some of their successes will be highlighted in this issue. Those who are not mentioned, please know your work is also appreciated. Thank you all for your good work.

The first annual MCH Update held on June 15, 2007, at the Ten Oaks Ballroom, was an idea proposed by the Southern Maryland Partnership (SMPP) to The Center for Maternal and Child Health (CMCH). No State MCH meeting had been held for over ten years, and staff serving mothers and babies expressed a need for time to discuss changes and innovations in MCH.

Topics included an MCH Legislative Update, presentations on several new initiatives, namely, Babies Born Healthy, and Childhood Obesity. Information included a panel on Mental Health Access, Diagnosis and Care, and Racial Disparities and Pregnancy Outcome. There were also exhibits by MCH programs: Fetal Alcohol Spectrum Disorders, Folic Acid, Early Childhood Programs, the Breastfeeding Coalition, the Center for Infant and Child Loss, March of Dimes, Black Babies Smile, Prince Georges County Hi Risk Infant Program; as well as the seven Managed Care Organizations (MCOs), which serve the Medicaid population of women and children in Maryland.

There are future plans for CMCH to sponsor this update annually in collaboration with the three Maryland Regional Perinatal Programs. The opportunity to Showcase Your Success encouraged MCH programs to share their programmatic accomplishment with each other. A county-based summary booklet was distributed to all participants that included a compilation of the program summaries each county chose to submit. The committee agreed that an important part of this meeting was to learn about what other counties have achieved, and to work towards the common goal of healthier families. The booklet helped facilitate communication and networking among the health departments.

Topics for future "Showcases" could include:

- Substance abuse issues
- Low rates of early prenatal care
- Teenage pregnancy
- Undocumented women and children
- MCHP enrollment
- Racial disparities
- Shaken baby syndrome
- Lead poisoning prevention
- High-risk infant follow-up

- ▲ Childhood obesity or nutrition
- ▲ Dental care for women and children
- ▲ Safe sleeping
- ▲ Rural health care

## Highlighting Anne Arundel County—Storks Nest

One of the projects set in motion by the Anne Arundel Department of Health, in response to Healthy People 2010 targets, addressed the high rates of infant mortality and preterm birth. The Department of Health partnered with Baltimore Washington Medical Center, the Rho Eta Zeta chapter of Zeta Phi Beta Sorority and the March of Dimes Maryland to offer a Storks Nest Program to improve pregnancy and birth outcomes.

The Stork's Nest Program is a free, incentive-based prenatal education program designed to teach women how to have healthy pregnancies and babies. This program is targeted to high risk women, including African American women, teenagers, low-income women, and women with previous poor pregnancy outcomes. Women earn points by attending a series of six prenatal classes, going to prenatal and well baby health care appointments, breastfeeding, and participating in other healthy activities. Points can be used to purchase infant care items. The Program has reached over 50 women and their partners since beginning in September 2006. The Storks Nest hopes to add additional class sessions to assist increased enrollment.

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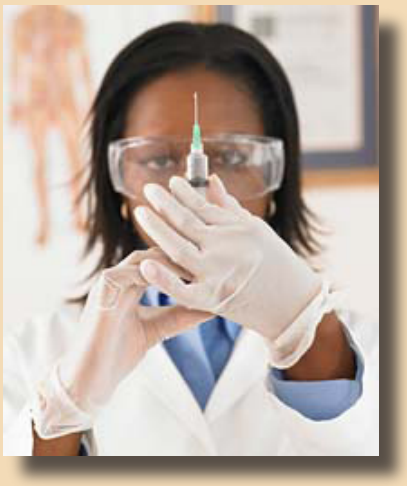
## Highlighting Baltimore City—Healthy Start

The Baltimore City Health Departments Sexually Transmitted Disease Bureau wanted to decrease the prevalence of Chlamydia Trachomatis (CT) and Neisseria Gonorrhoea (GC) in pregnant and post-partum women. In 1998, 5066 cases of chlamydia occurring in women (4772 African American cases), were reported from both public and private sources. A disproportionate number of cases originated in the Sandtown-Winchester area, spurring an aggressive outreach, identification, and treatment strategy from September 1999 through March 2007. Pregnant and post-partum women were recruited by Baltimore City Healthy Start or referred to Healthy Start by Baltimore Health Care Access (Medicaid) for CT and GC screening.



The results were returned to Healthy Start, and women who were infected were treated, then re-tested at 28 weeks of gestation if they were infected in the first trimester, and at 32 weeks if they were infected in the second trimester. Male partners were usually referred for testing and treatment.

During the study period, the overall prevalence of CT and GC was 10.1 percent (201/1993) and 2.8 percent (55/1992), respectively. For CT, the prevalence for 1999 was extremely high—18.2 percent. The CT prevalence decreased to a low of 6.5 percent in 2007, and the prevalence for GC also significantly decreased from a high of 9.1 percent in 1999 to a low of 1.3 percent in 2006. The intervening years demonstrated some fluctuations, but overall continued a downward trend.

*Contact: Maxine Reed-Vance, director of Clinical Affairs and Quality Assurance. 410-396-7318, Maxine.vance@baltimorecity.gov*

Baltimore City Healthy Start, Inc.

## Highlighting Carroll County—Another Chance

During case review and discussion, the Carroll County Health Department's Fetal/Infant Mortality Review Board discovered that teens and young women were experiencing fetal and infant morbidity and mortality related to a lack of information about their bodies, pregnancy, normal pregnancy changes, warning

signs of pregnancy, and the ability to be their own advocate. As a result, the Case Review Team recommended the establishment of teen pregnancy support groups at each high school in the county, which would offer an avenue for medically correct information, resource identification, and support in the form of peer groups.

In order to take advantage of known best practices for teen pregnancy support groups, the March of Dimes/ Babies + You Curriculum was chosen as the starting point to establish a program with 18 sessions, to be presented in response to the needs of the group. Titled *Another Chance: Preventing Additional Births to Teens*, the program goals were: to assist teens to have a healthier pregnancy and baby; help teens prevent a repeat pregnancy; provide teens with an opportunity to network with other pregnant and parenting teens; provide teens with a connection to community agencies and services that provide assistance to young parents; and support teens in finishing high school.

Nurses, social workers, and health educators were identified and assigned to each high school. Approval was received from the High School Principals Group following a presentation of the proposed program. A fact sheet and opt-in permission slip were developed, as well as a referral system and schedule established based on the needs of the school and under the direction of the principal.

To date, several schools have called and asked for more information. One school has had an ongoing teen pregnancy support group, and has plans to adopt the new format in the next school year. One school has called and asked for a group to be initiated.

*Contact: Cindy Marucci-Bosley, Manager, Women's Health Program, Improved pregnancy Outcome Coordinator, Abstinence Education Program Coordinator, cbosley@dhmh.state.md.us*

## Highlighting Caroline County—Preconception

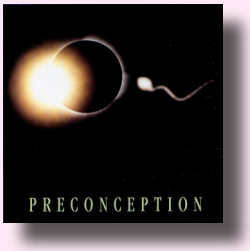
Caroline County is a poor rural county on Maryland's Eastern Shore without a hospital or any obstetricians. However, the Caroline County Health Department has a Prenatal Clinic which serves uninsured pregnant women. Wanting to tackle the problem of some of the causes of fetal and infant mortality, which include prematurity, low birth weight, birth defects, and the psychosocial issues that affect pregnancy outcomes, the Department decided on a preconception health education strategy.

The intervention methods utilized were to develop a preconception education strategy, which included materials appropriate for single face-to-face encounters, as well as group presentations. A Power Point presentation utilizing resources from the March of Dimes was developed, and reconception materials/pamphlets were reviewed and purchased.

The feedback from program participants was quite positive. Both males and females were able to identify factors influencing pregnancy that they were not previously aware of, as well as able to identify risks in their partner that should be addressed before planning a pregnancy. The notion of pre-pregnancy planning 9 months to a year ahead of the conception so that these factors could be addressed was the concept that was least known by participants prior to the class.

## Highlighting Howard County—Maternity Clinic

The Howard County Health Department's Maternity Program provides quality prenatal clinical care and case management for the uninsured and non-citizen county residents. The majority of these women are Spanish-speaking, necessitating use of the interpretation services and culturally sensitive information available at the Health Department. In addition to the weekly clinics, monthly Spanish Childbirth Education Classes are offered free of charge to both the community and clinic population.

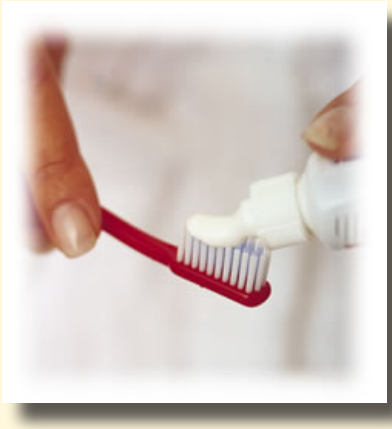



In an effort to provide comprehensive health care for this target population, the twice weekly maternity clinic waiting room has been identified as an excellent vehicle for distribution of specific education materials, and information related to available county resources and programs. Information and registration is already provided on scheduled visits by bilingual representatives from Healthy Families, a county agency offering first-time parents resources and support.

In light of the association between pre-term labor and gingival infection, it was suggested that the maternity and dental clinics of the Howard County Health Department join together to provide information and services to this specific population. Periodically, while waiting to be seen by the midwife on clinic day, the maternity patients and their children are audience to presentations made by the Department's dental hygienists on such topics as: preventive dental care, Bottle Mouth Syndrome, the importance of oral hygiene during pregnancy, and the appropriateness of oral care for infants and toddlers.

Toothbrushes and dental floss are provided to the maternity patients and their children with instructions for proper use. Appointments are made for dental screenings and treatments. Handouts on the dental clinic hours, the dental services available, and how to access these services are distributed in both English and Spanish. Additionally, maternity clinic staff make initial dental referrals for all newly-registered patients. Together we are making a difference.

*Contact: Sheri Sapp, Maternity Program Supervisor, Howard County Health Department Maternity Clinic, ssap@howardcountymd.gov*



## Highlighting Montgomery County—7331 Healthy Families Having Fun

The 7331 Sean Una Familia Activa y Sana is a Program of the Primary Care Coalition of Montgomery County Maryland, Inc. Primary Care Coalition in partnership with the University of Maryland Expanded Food and Nutrition Education Program (UM/EFNEP). The 7-3-3-1 Healthy Families Having Fun (7331) program was developed in 2005 as a pilot program to serve Latino Care for Kids (CFK) children identified by their provider as overweight or at-risk. A study of children enrolled in Care for Kids (a program to ensure health care to uninsured low-income County residents) identified highest levels of overweight among Latino children ages six-eleven. When compared to national data for the same population, the CFK population showed a significantly higher level of overweight (twenty-seven percent vs. twenty-three percent 95th percentile of weight for age). An additional twenty-five percent were at-risk (85th-94th percentile).

Health providers refer children into the 7331 Program. Accompanied by parents and siblings, they attend six Saturday classes in English and Spanish. The UM/EFNEP developed the evidence-based curriculum, which emphasizes health food choices, including increased consumption of fruits and vegetables, whole grains, and low-fat dairy, as well as increased physical activity and limits on screen-time as part of an overall healthy lifestyle. Following completion of the Program, children return to the referring provider for follow up and reinforcement of messages.

An evaluation of the pilot found this family-centered, dual-language program model to be well-suited to the culture of the target group, and provided evidence that participation resulted in identifiable improvements in knowledge and behavior. Work is underway to expand the Program to other target groups, with a goal of providing access County-wide for low-income overweight children within three-five years. The Program will monitor health outcomes, with long-term improvements expected in BMI/age and decreased incidence of co-morbidities frequently associated with childhood obesity. (Early program support: consumer Health Foundation, Kaiser Permanente.)

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PRIMARY CARE COALITION OF MONTGOMERY COUNTY

## Highlighting Washington County—Healthy Start

In July 2006, the Washington County Health Department's Healthy Start Program developed a screening and referral process for depression in prenatal and postpartum women. The Edinburgh Screening is offered prenatally, postpartum, 2-4 months after delivery, and as needed by the Healthy Start nurses. Depression was identified by Healthy Start nurses as one of the core problems of pregnant and postpartum women, affecting or causing other high risk factors, such as alcohol, drugs, domestic violence, child abuse and neglect, smoking, education, and work problems.

The goals of the Program are to identify and refer depressed prenatal and postpartum women, and to increase awareness of depression and its consequences with clients and providers. An unexpected outcome has been the discovery of mental health resources in our community. Agencies are identifying the need and increasing hours of service and providers. Some private providers offer sliding scale. The Department's Mental Health Program has given prenatal and postpartum women high priority in receiving an appointment.

From July 2006-April 2007, 659 women were screened and 36 women scored positive (above 12). The following are the preliminary numbers as of April 2007.

**Referrals:**

9 — referred back to previous mental health provider

18 — referred to mental health provider/agency in the community

9 — referred to Washington County Health Department Home Visiting LCSW-C

**Outcomes:**

13 — ongoing therapy and/or medication

11 — one appointment or more with a mental health provider

9 — appointment not made or kept with mental health provider 2-4 months after referral

3 — refused services

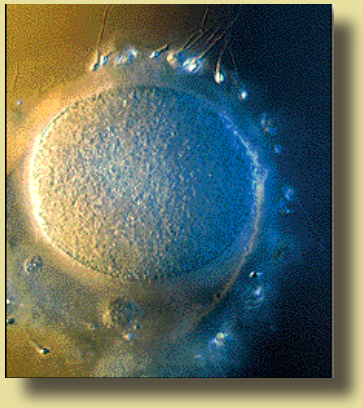
*Contact: Mary Christy Mahon, Washington County Health Department, 240-313-3229, mahon,@dhmh.state.md.us*

Planning for the Second Annual MCH Update Committee will start January 2008. If you are interested in assisting the committee or have ideas for next year, please contact Lois Beverage, BSN, Charles County H.D., phone 301-609-6803. The Showcase Your Success document is 27 pages and is available only in hardcopy or by fax.

*To request either format, please contact Jeanne L. Brinkley, MPH, CNM, Chief, MCH Systems Consultant, CMCH, phone 410-767-5596, fax 410-333-5233, or Lois Beverage, 301-609-6803.*

# A Menu of Options: Customizing Combined Hormonal Contraception

*Helene M. O'Keefe, CNM, MSN, Chief Nurse Consultant, Family Planning and Reproductive Health Program, Center for Maternal and Child Health, Maryland Department of Health and Mental Hygiene*



**Pop Quiz**

- What is the most effective way to reduce low birth weight and infant mortality?
- What is the best way to reduce perinatal transmission of HIV/AIDS?
- What is the best strategy to decrease maternal mortality and morbidity?

The answer to all three questions is the same—Family Planning! Access to and use of effective contraception, or birth control, is the leading public health strategy for addressing all of these areas, and for reducing the associated health care costs. Family Planning can help a couple prepare for a first pregnancy, space their children, or avoid pregnancy altogether. Among the most effective family planning options are combined hormonal contraceptive methods. These use synthetic preparations of the two female hormones, estrogen and progesterone. If used correctly, combined hormonal contraceptives have a pregnancy prevention effectiveness over 99%, and are associated with many non-contraceptive benefits as well. The birth control pill, first approved by the FDA in 1960, remains on just about every list of significant twentieth century accomplishments, both from a medical and social perspective. The Pill has undergone much iteration since its initial approval, and remains among the most studied drugs in history. Over the years, effective dosage levels have been dramatically decreased, and new formulations developed with an eye toward minimizing both serious and nuisance side effects, and increasing client acceptance. The last few years have shown dramatic developments in how combined hormonal contraceptive use can be customized as well. A woman now has options on when to start her first pack of pills, how long her period will be, when she will have her period, or if she will have a period. She has a virtual menu to choose from in how she and her health care provider want her contraceptive to work for her, and she may even choose if she wants her pill to be a pill at all!

All methods of combined hormonal contraception have similar benefits and risks. They also have similar mechanisms of action. These include:

- ▲ Thickening cervical mucus so that sperm cannot easily penetrate to travel into the uterus and fallopian tubes;
- ▲ Inhibiting ovulation, or the maturation and release of an egg;
- ▲ Limiting the ability of sperm to fertilize an egg;
- ▲ Slowing movement within the fallopian tubes, thus delaying transport of sperm or egg;
- ▲ Changing the lining of the uterus by making it inhospitable for implantation of an egg;
- ▲ Interfering with the normal hormonal levels of the menstrual cycle needed for pregnancy.

In the past, a woman was typically instructed to await her menstrual period to begin her birth control pills, and then to begin taking them on the Sunday after the first day of her period. Many brands of pills were packaged for the Sunday Start method, which tended to result in periods on the pill that occurred during the week, thus leaving the weekend free for whatever activities a woman wished to engage in. The Sunday Start method remains an acceptable and common way to begin, but now we know that oral contraceptives may be started on the first day of the menstrual period (easier to remember than the wait till Sunday approach), or as a Quick Start, where the first pill is taken immediately on receiving the pack

of pills. This Quick Start method may require the use of a back-up contraceptive (condoms, film or foam, etc.) for seven days, but it is becoming the preferred method for initiating pills due to its convenience and increased compliance. Quick Start eliminates the problems of forgetting to start as instructed, or of getting pregnant while waiting, pack of pills in hand, to take that first pill.

Oral contraceptives have traditionally provided for 21 active hormone-containing tablets and seven tablets taken in the last week of the pack, that do not contain active hormones. It is during this last week that a woman would get her period—which in pill users is more correctly termed a withdrawal bleed, resulting from withdrawal of active pills rather than from the normal flux of hormones in a menstrual cycle. Often, a woman would find that any type of birth control pill would result in a shorter, lighter bleeding period. But now, there are pills specifically marketed to provide shorter and lighter periods. Commercials advertise pills such as Loestrin 24 Fe and YAZ (each with 24 active and 4 inactive pills) as having the added benefit of less bleeding while maintaining typical pill efficacy. Periods on these pills are typically three days or less of light bleeding. The three additional days of active hormones provide for less flow. Shorter, lighter periods may also result in a decrease in period—associated discomforts and symptoms. A woman does not have to use one of the name brand short-period pills to get this benefit. She can work with her health care provider to make any brand of combined hormonal pill into a short-period pill by decreasing the number of inactive pills taken in the last week of the pack, and starting the new pack of pills three days early.

Another option that today's woman can choose is to have periods less often. There is, after all, no law that states a woman must bleed every month. Nor does there seem to be any physiological reasons why a woman on birth control pills must have a monthly withdrawal bleed, according to extensive research. On the contrary, having fewer periods is a logical treatment for menstrual problems. Extended Cycle Combined Oral Contraceptives, are the same as traditional pills, but are packaged so that pill periods occur less frequently. Seasonale, containing 84 active pills followed by seven placebo pills, and Seasonique, containing 84 active pills followed by seven low-dose estrogen-only pills, are two brand-name examples of such extended-cycle formulations. These pills result in a period every three months-four periods a year.

Although these brands make it very convenient to cycle periods to four a year, this process can also be done with regular brands of birth control pills the traditional 21/7 packs, as long as the brand is one with a constant dose of estrogen/progesterone throughout all 21 active pills. Pills that are bi-or tri-phasic—where the dosage level changes during the course of the active pills —should not be used for extended cycling. A woman's health care provider can work with her to determine if extended cycles are appropriate for her and develop her pill regimen. With a constant dose or monophasic pill, a woman skips the seven placebo pills in her pack, and continues on with the active pills for a second or third or fourth pack before taking any inactive pills. Any extended cycle regimen may result in some irregular spotting or bleeding, especially in the first year of use. Another important consideration is that many women are uncomfortable with the thought of missing periods, since menstrual periods have long been associated with a psychological reassurance that a woman is normal or is not pregnant. For many women, traditional birth control pills taken traditionally may be the better option.

The ultimate in Extended Cycle Combined Oral Contraceptive pill use is, of course, NO periods at all. Lybrel, produced by Wyeth Pharmaceuticals, is FDA-approved and available in the US. Lybrel users take an active hormone pill 365 days a year, with no break for a pill period. This pill regimen can be a real boon for women with severe period-related problems, and clinical studies indicate that it has the same safety factor as other pills. However, at this point, there have been no long-term studies of the effects of complete menstrual suppression by pills for years at a time. Whether this might have a future effect on fertility, reproductive health, bone density, or any other aspect is still unknown.

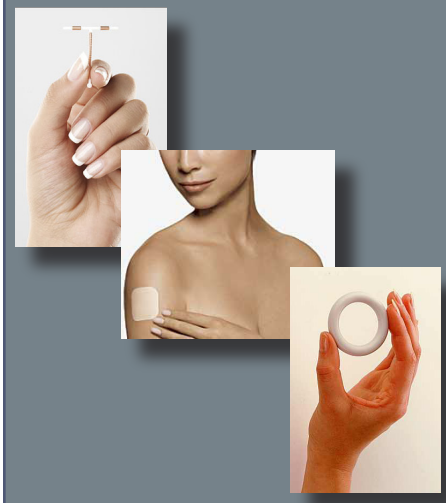
One thing to remember – there may be a cost issue related to using short period or extended cycle regimens. The brand-name pills specifically marketed for these purposes may be more expensive than traditional pills. And, although generic or brand-name traditional pills may be used for these regimens, this does require using more than the standard yearly 13 packs of pills to customize the birth control pill experience, which can be a cost issue. As always, the woman and her health care provider need to discuss all aspects of her birth control plan.

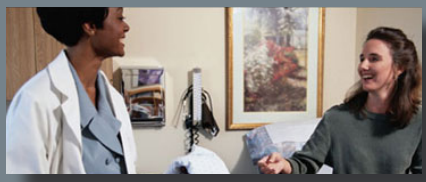
Another choice is a birth control pill that contains a different synthetic progesterone from any others on the market. The pills Yasmin (21 active pills, 7 placebos) and YAZ (24 active, 4 placebos) both contain the progestin called drospirenone, or drsp. Common benefits of pills that use drsp include less water retention, fewer menstrual-related symptoms, and less acne. YAZ has also recently received FDA approval for treatment of PMDD, or Premenstrual Dysphoric Disorder–premenstrual symptoms severe enough to significantly impact daily life. However, not all women who can take other birth control pills are appropriate users of pills with drsp, including those women with conditions that increase potassium levels in the body, and cost may also be a factor, since generic versions are not available.

How about those women who want the benefits of the Pill without the pill? How about those women who have trouble remembering to take the pill every day? Recent years have given us combined hormonal contraception that can be delivered by different means. Ortho Evra is a contraceptive patch applied to the skin that contains synthetic progestin and estrogen formulations, as do pills. Evra is lightweight, wafer-thin, flexible and very adherent. Each patch lasts seven days. A woman replaces her patch each week for three weeks each cycle, then has a seven-day patch-free week, during which she has her withdrawal bleed, or period. With Evra, the contraceptive hormones are delivered transdermally –via absorption through the skin. The patch is simply a different way to deliver the pill's hormones into the body. Most women who can safely be prescribed oral contraceptives can also be prescribed the patch, and those who medically should not use pills should not use patches either. Risks, benefits, and side effects are all similar between pills and patches, and both may be initiated similarly, although the patch has the advantage of once-a-week dosing rather than the daily requirement for pills.

However, nothing is perfect, and this is true for the patch. In 2006, the FDA required a revised warning on Evra labeling that states women using the patch are exposed to more of the hormone estrogen through absorption from the skin than they would receive from taking a typical low-dose combined oral contraceptive pill, and along with this increase in estrogen may go a two-fold increased risk of developing serious blood clots. To put this in perspective, however, blood clots and other serious side effects of combined hormonal contraceptives remain very rare events, and two times the chance of a rare event is still a rare event, so the patch remains a good option for some women. It is not, however, generally used for extended cycle regimens, and cost can be an issue in some settings, since less expensive generic versions are not available.

Don't want to remember a daily pill or a weekly patch? Consider NuvaRing as another combined hormonal contraceptive–one that requires once a month dosing. This is a clear, flexible, thin polymer vaginal ring about two inches in diameter and 1/8 inch thick. The ring provides a continuous low dose of synthetic estrogen and progestin delivered by absorption through the tissues of the vagina. A woman (or her partner) inserts the ring into the vagina within the first 5 days of the menstrual period, leaves it in place for three weeks, removes it during the fourth week and has her withdrawal bleed, then begins a new cycle with a new ring. Although not part of the labeling of NuvaRing, a woman and her clinician may decide a Quick Start is appropriate. Once again, the ring may be thought of as birth control pills taken a different way, and most women who shouldn't take pills shouldn't use NuvaRing; benefits, risks, and side effects are similar





to both patches and pills. NuvaRing is a one-size-fits-all product—no sizing is required, and placement is generally easy, since the only requirement is that the ring be inserted well into the vagina where it can be in full contact with the vaginal walls.

The contraceptive picture is far richer than the one painted here. Combined hormonal contraceptives are not the only birth control choices out there. Progestin-only contraceptives are also popular. These may be a good choice for women who cannot take estrogen preparations. These include mini-pills, Depo Provera three-month injections, the Mirena Intrauterine System, Implanon Subdermal Implant, and Plan B Emergency Contraceptive Pills. Intrauterine devices (Mirena and the ParaGard copper IUD) are inserted into the uterus by a clinician, and are excellent choices for many women, offering a long-term option. Mirena is effective for five years, and ParaGard provides at least ten years of highly effective contraception! Barrier contraceptives, including male and female condoms, diaphragms, cervical caps/shields and sponges, are another alternative, especially for women who cannot use hormonal contraceptives, and can be quite effective if used consistently and correctly.

Spermicides (Vaginal Contraceptive Film, foams, jellies, creams) are another choice for many women, particularly those who wish non-prescription methods, or plan to use them with condoms. Natural family planning, more appropriately called fertility awareness methods or periodic abstinence (Standard Days, cervical mucus, basal body temperature, and lactational amenorrhea methods) can be effective if carefully practiced. Abstinence, of course, remains the best method for adolescents and for most effectively avoiding sexually transmitted diseases and pregnancy. The newest kid on the contraceptive block is Implanon, a single rod progestin-containing, under the skin implant that is effective for three years. Permanent contraception in the form of sterilization—vasectomy for men, tubal ligation or Essure tubal occlusion for women—may be the ideal choice for individuals who do not want additional children. The future also shows promise. Research continues on effective male contraceptives, and on microbicides, which could not only prevent pregnancy but prevent sexually transmitted infections as well. So keep watching the menu for more selections!

*For more information on family planning methods and services, and on Maryland clinics offering quality low or no cost services for individuals in need, check out the Maryland State Family Planning Program website: http://www.fha.state.md.us/mch/familyhome*

Additional resources for information:

*Hatcher, Robert A. et al. Contraceptive Technology: 18th Revised Edition. Ardent Media, Inc.: New York, 2004.*

*Maryland State Family Planning Program Clinical Guidelines: http://www.fha.state.md.us/mch/pdf/MD_State_FP_Program_ClinicalGuidelines.pdf (Wait to let document load.)*

*National Women's Health Information Center, US Dept. of Health and Human Services: http://www.4woman.gov/faq/birthcont.htm*

*Contraceptive Information Resource: http://www.contracept.info*

*Planned Parenthood Federation of America: http://plannedparenthood.org/*

*U.S. Food and Drug Administration: http://www.fda.gov*

# One County's Approach to Drug Abuse During Pregnancy

*Pamela Ronan, Perinatal Coordinator, Allegany County Health Department*

Allegany County is a rural area with beautiful landscape, a recent in surge of artists, and a growing drug problem. Home to approximately 75,000, it is a community that has battled economic woes for too long to count. When I first became involved with the Allegany County Fetal Infant Mortality Review, drug abuse among the pregnant population was not a concern. Tobacco was this area's drug of choice, and for the first six years I know of only one fetal death due to a mother who used cocaine. I'm not so naive to think drugs weren't used in our county but fetal and infant deaths weren't related to the problem.

Times change and so did our drug use. In April 2003, our FIMR had their first discussion concerning an increase in drug use among pregnant women and its impact on fetal and infant demise. The Addiction Clinic of the Allegany County Health Department was asked and supplied statistics for our county along with drug and alcohol screening tools for our obstetricians. In February 2005, the Department of Social Service (DSS) informed FIMR of the State Drug Affected Newborn (DAN) Program and FIMR was told that nothing was implemented locally for lack of need.

By August 2005, our local hospital felt the impact of the new methadone clinic by having our first methadone addicted baby. In November 2005, DSS (with FIMR and local hospital support) invited the DAN Program director to speak to a group of 60 concerned community members and health care providers. As FIMR Coordinator, I presented to our local obstetricians a recommendation that all pregnant women be universally tested for drugs at their initial visit as well as 28 weeks gestation. This policy went into effect January 2006, and began the first documentation for drug exposed fetuses.

In December 2005, representatives of FIMR spoke to our local state delegate to raise our concerns over the increased drug use. FIMR members agreed that assistance was needed in addressing the problem so a Community Action Team (CAT) was formed to work on recommendations made by FIMR, Child Fatality Review Board, and the Citizen Review Board (reviews DSS cases). The CAT was comprised of leaders in our community allowing for diverse ideas and creating a network that in the end brought together groups wanting to achieve similar goals.

One partner we made was a citizen group formed after the heroin death of several young people in our community. This group went through various changes and eventually became the Drug-Free Community Coalition. In November 2006, the Coalition was invited and attended a FIMR Meeting. The two groups decided to work together on a project to increase awareness and educate the public.

Armed with our first year of statistics—43 drug exposed; 14 drug addicted newborns (974 births), a local public relations firm came up with the idea of having a "Today is the Day" Campaign. The date, April 20th, was chosen because of the "get high" date being known throughout the drug community.

Over 700 business leaders, health care providers, and concerned citizens stood on street corners wearing t-shirts and signs from 7:00 to 9:00 a.m., promoting that this was the day to talk to your kids about drugs. Radio spots, a newspaper insert, and the Web site *www.2dayistheday.org* coincided with the event. FIMR board members supplied the data for the Web site and newspaper insert including a letter written by FIMR board member Celestino Menchavaez, a local pediatrician and father of young children. The day was so successful that it will be repeated again this coming year.

Another partnership formed with our Local Management Board. The board agreed to financially support a RN to work in both the Healthy Start Program and the Infant and Toddlers Program to assist mothers and their drug exposed newborns. Moms that test positive by their obstetricians will be referred to this nurse who will then continue to offer services to the mom and baby after delivery. The newborn will be followed for three years to assess possible developmental delays while the mom will be encouraged to seek drug counseling and will be assisted with family planning. Money was also secured for a public awareness campaign to help with educating local health care professionals, and supply educational material to pregnant women.

In September 2007, a Neonatologist group joined the local hospital to provide 24-7 coverage for the hospital nursery. In October of this year, the neonatologist group agreed to offer their support in getting the mom to buy into the program. The program entitled New Beginning for a Healthier You is voluntary so the neonatologist involvement with the process is crucial.

While the Allegany County FIMR Board members feel we have made a start in addressing the increase of drug use among our pregnant population, we know that we are just in the beginning stages. We are currently working on having a drug counselor immediately available for the pregnant client when she receives her first positive drug test.

As we continue to be faced with challenges, it is encouraging to know our community members are deeply concerned and are ready and willing to work together in addressing the health care needs of the community.

# Another Chance Program in Carroll County

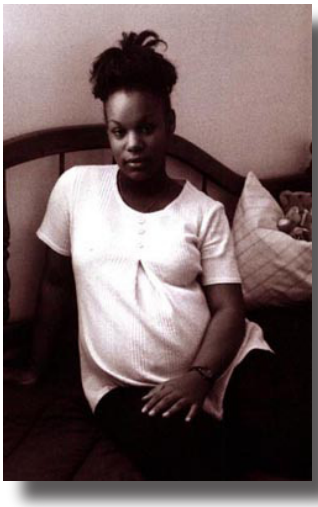
*Cindy Marucci-Bosley, Manager, Women's Health Program, Carroll County Health Department*

The Carroll County Fetal/Infant Mortality Review Board, in conjunction with the Carroll County School Health Council, is happy to announce a new program. Another Chance: Preventing Additional Births to Teen Mothers, is a Program with the goal of helping teens to have a healthier pregnancy, a healthier baby, to prevent a repeat teen pregnancy, and to graduate from high school. To date, we have three of our seven high schools hosting a group and two schools have expressed an interest.

Staffing is supplied as in-kind services by the Carroll County Health Department (CCHD) and the Family Support Center (FSC). A health educator or nurse from the CCHD or a case manager from the FSC is assigned to a school following referral from the school nurse. The assigned staff coordinates with school staff to determine the best days and times to run the support group. The object is to rotate the times so only one class period of each subject is missed each month. A session program plan was developed—based on the March of Dimes Babies + You A Prenatal Promotion Program, the March of Dimes the pregnancy workshop, and the CCHD Lamaze Curriculum.

The structure is to provide approximately 15 minutes of downward education followed by discussion and group sharing. On the sidebar is a copy of the Fact Sheet, which is supplied to parents prior to consent via a written opt-in consent form.

*For additional information, please contact Cindy Marucci-Bosley, CRNP-OB/GYN, MSN, LCCE at 410-876-4944.*



## Fact Sheet

Teen pregnancy and birth rates in the United States (US) have declined since the early 1990s, but the US still has the highest rates of teen pregnancy and birth among industrialized countries.

In the US, four out of ten girls will become pregnant at least once before age 20. For the past six years, there have been between 92 and 104 births each year to teens under the age of 20 in Carroll County.

Nationally, 51 percent of pregnant teens give birth to their baby, 35 percent have an abortion, and 14 percent have a miscarriage. This means that for the past six years, there have been between 184 and 208 teen pregnancies (under age 20) annually in Carroll County.

Up to 25 percent of teen births are repeat pregnancies.

Teen pregnancy and childbearing has consequences:

- ❖ lost or reduced educational and employment opportunities,
- ❖ increased financial dependency,
- ❖ increased infant and maternal physical effects and medical problems,
- ❖increased pre-term delivery, low infant birth-weight, and infant death,
- ❖ increased risk for the child to have reduced educational achievement,
- ❖ changes in relationships with parents, father of the baby, and friends, and
- ❖ emotional strain.

The goal of this Program is to help pregnant teens have a healthier pregnancy, healthier baby, prevent a repeat pregnancy, and graduate from high school.

# Johns Hopkins Bloomberg School of Public Health to Lead Local Study Center in a Landmark Government Study of Child Health

*Press Release*

The Johns Hopkins Bloomberg School of Public Health has been selected as a study center in the National Children's Study to assess the effects of environmental and genetic factors on child and human health in the United States. The study center will manage local participant recruitment and data collection in the largest study of child and human health ever conducted in the United States.

The Bloomberg School of Public Health is one of 22 new study centers of the National Children's Study, a collaborative effort between the U.S. Department of Health and Human Services, including the National Institute of Child Health and Human Development (NICHD, the National Institute of Environmental Health Sciences at the National Institutes of Health (NIH), the Centers for Disease Control and Prevention, and the U.S. Environmental Protection Agency.

"What we learn will help promote the well-being of children and families in Baltimore County, Maryland and across the Unites States, and shape child health guidance, interventions, and policy for generations to come," said Lynn Goldman, MD, principle investigator of the new center and a professor in the Bloomberg School of Public Health's Department of Environmental Health Sciences. "Only a study of the magnitude of the National Children's Study can provide answers to some of the most important questions about how we help children meet their full potential for health and development." The National Children's Study eventually will follow a representative sample of 100,000 children from before birth to age 21, seeking information to prevent and treat some of the nation's most pressing health problems, including autism, birth defects, diabetes, heart disease, and obesity.

The Johns Hopkins Bloomberg School of Public Health is a national leader in public and child health research. Working with the local health department, neighborhood and community organizations, hospitals, and parents groups, the center at Johns Hopkins will recruit and enroll 1,000 women from neighborhoods in Baltimore County to participate in this long-term effort to examine a host of health outcomes, including pregnancy, neurodevelopment and behavior, child health and development, asthma and growth, injury and reproductive development.

The study will also look at childhood chronic conditions as they are influenced by environmental factors such as chemical exposures, the physical environment, the psychosocial environment, as well as by biological and genetic factors. In total, the study will be conducted in 105 previously designated study locations across the United States that together are representative of the entire U.S. population. A national probability sample was used to select the counties in the study, which took into account factors including race and ethnicity, income, education level, number of births, and number of babies born with low birth weights.

The National Children's Study began in response to the Children's Health Act of 2000, when Congress directed the NICHD and other federal agencies to undertake a national, long-term study of children's health and development in relation to environmental exposures. (See: Section 1004, *http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_bills&docid=f:h4365enr.txt*.) This announcement of new study centers follows earlier study milestones, including the 2004 announcement of the 105 study locations and the establishment of the Vanguard centers (the first seven centers, established in 2005).

Contact: Kenna Lowe or Tim Parsons at 410-955-6878 or *paffairs@jhsph.edu*

For public health news updated throughout the day, visit: *www.jhsph.edu/PublicHealthNews*.

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# Healthy Babies Coalition: Success Through Collaboration

*Laurie B. Fetterman, Health Planner, Health Information and Promotion, Anne Arundel County Department of Health*

The Anne Arundel County Healthy Babies Coalition celebrated its first birthday in September 2007. The Coalition was formed with the goal of reducing maternal and infant health disparities in the county's African American population through community-wide communication, collaboration, and leveraging of resources.

In Anne Arundel county, African American babies die before their first birthday at a rate three times higher than Caucasian babies. African American pregnant women have higher rates of low-birth weight babies, preterm birth, and late or no prenatal care. The Coalition, which has more than 50 stakeholders, includes health care providers, representatives from government agencies, social service agencies, community groups, faith-based organizations and schools, and individual County residents.

During the Coalition's first year, it developed and began to implement a comprehensive plan to improve the health of the County's African American pregnant women and infants. The plan includes community health interventions and a health information campaign. When the Coalition was initially formed, there were two short-term expected outcomes. The Coalition expected to increase communication among Coalition partners, and to effectively leverage resources through collaboration.

One example of leveraging resources is the partnership formed between the Anne Arundel County Department of Health, the Local Management Board, and The Family Tree to establish The Family Tree Tot's Line as the call center for the Healthy Babies Coalition's health information campaign. The Tot's Line is a free, confidential helpline for pregnant women, parents, and caregivers of children from birth to five years of age. Parents and caregivers are able to receive advice and referrals to county resources and can request free information kits about pregnancy and baby care.

Communication and collaboration among Coalition members led to the successful development and distribution of Healthy Babies campaign materials. Coalition members worked together to recruit pregnant and postpartum African American women to participate in key informant interviews that enhanced the development of the Healthy Babies information campaign. Coalition members also provided insight to the campaign development process.

Since the campaign's inception, Coalition members have collectively distributed over 4,200 resource directory brochures, 1,500 flyers, and 120 posters. Coalition members are able to order materials by way of e-mail, phone, and fax. The networking and communication aspect of the Coalition has increased members' knowledge of the resources and support services available in the community. Coalition members are increasingly able to effectively refer women and their families to valuable services designed to improve maternal and infant health outcomes. Coalition members have been asked to serve as presenters at various conferences, and to send representatives to numerous community and health fairs.

Additionally, the Coalition was asked to co-sponsor a Safe Babies Conference for service providers in the county. An ongoing challenge of the Coalition is to keep all members informed of the Coalition's many activities.

The Coalition is structured around an Executive Committee and four subcommittees: Community Education and Outreach; Race and Community Issues, Access to Care and Provider Issues, and Teenage Pregnancy Prevention. Currently, the subcommittee chairpersons and periodic electronic mail messages are used to share information with all Coalition members. These communication techniques are effective in relaying vital information and they are used as needed, rather than according to a specific schedule.

Although this system allows information to be relayed in a timely manner, it provides information in a piecemeal fashion and inhibits the ability to see the Coalition's accomplishments through a broader perspective. In order to address the shortcomings of the current communication methods, the Coalition's Executive Committee decided that planned communications would be an effective strategy for providing routine updates and other non-urgent information.

The Executive Committee is planning to launch a quarterly Healthy Babies newsletter. This newsletter will include updates of each subcommittee's activities and general Coalition accomplishments, status reports on the health information campaign, information about training opportunities, and other relevant maternal and infant health news. Coalition members will also be invited to share information about the work that their organization is doing to improve maternal and infant health outcomes in the county's African American community.

For more information about the Healthy Babies Coalition, contact Laurie B. Fetterman at: 410-222-7203 or visit the Healthy Moms and Babies Web site at *http://www.aahealth.org/healthybabies.asp.*

# Queen Anne's County Initiates Early Childhood System of Care

*Patricia Deitz, Program Manager, Healthy Families Queen Anne's/Talbot*

Early childhood service partners in Queen Anne's County have joined together under the leadership of the Queen Anne's County Partnership for Children and Families (the Local Management Board) to develop an integrated system of care from our already collaborative array of state, local, public, and private services for families with children pre-natal to five years of age. A system of care creates a network, unified by a common vision, which can then support shared training among programs, streamline eligibility and referral processes, track indicators which measure achievement of a result, and address gaps and duplications in service. Our vision is that every child in Queen Anne's County will begin life healthy and begin school ready to learn.

With a Resource Development and Enhancement grant from the Governor's Office of Children, the Local Management Board convened a local planning team representing early childhood programs from the County's Board of Education, Department of Health, Judy Center, Family Support Center, Character Counts, Even Start, MSDE Child Care Administration, Chesapeake Child Care Resource Center, and Parks and Recreation programs.

The team reviewed over 30 indicators of early childhood well-being in the county, and researched nine Early Childhood System of Care models being used in states from Arkansas to Iowa to Vermont. In May, 2007, the team held a symposium at Chesapeake College to involve stakeholders and community members in creating an initial action plan to advance key result areas in:

- Health—Babies Born Healthy and Healthy Children;
- Education —Nurturing Early Care and Education Environments, and Children Enter School Ready to Learn; and
- Community—Children Safe in Their Families and Communities and Communities That Support Family Life.

This fall, the grant funds are being used to sponsor trainings open to system partners and other stakeholders. These trainings include Cultural Competence, Results Accountability, T. Berry Brazelton's "Touchpoints Early Care and Education," Ruby Payne's "A Framework for Understanding Poverty, and Special Considerations in Serving Latino Families of Young Children." In addition, we will be introducing Efforts to Outcomes (ETO) software to early childhood partners to assist in tracking data and measuring performance for individual programs as well as the whole system.

These trainings will furnish partners from various agencies and disciplines with common approaches and vocabularies, and help create a unified framework for assessing the effect of services on the result areas. In addition, staff members from different programs become better acquainted with one another and deepen their knowledge of all programs.

The planning team's next steps will be to locate an administrative home for the Systems initiative, and to seek foundation funds for a coordinator charged with developing the system further. We also intend to pursue several low-cost action steps such as enlisting the faith community to publicize outreach messages on healthy pregnancy, and involving college media students in producing local cable-TV segments on pre-natal health, positive parenting, and the economic benefits of public investment in Early Childhood. This first phase of building a system of care has brought partners together in the collaborative spirit that ultimately brings more coordinated and effective services to families.

# Protecting Our Children from Lead Poisoning

*Donna Webster, Regional Lead Prevention Manager*

Lead poisoning is the number one preventable environmental health hazard in the United States affecting children today. The Regional Lead Poisoning Prevention Program is located at the Wicomico County Health Department (WCHD). This Program receives funding from the Maryland Department of Environment to provide education and outreach on lead prevention resources throughout the Eastern Shore. With the assistance of local municipalities, including the City of Salisbury, Maryland Department of the Environment (MDE) and the Coalition to End Childhood Lead Poisoning, partnerships are formed to educate the public on lead poisoning prevention and to protect our children from the irreversible effects of lead.

Exposure to lead can cause long-term neurological damage that may be associated with learning and behavioral problems and lowered intelligence. Children are at the greatest risk from birth to age six while their neurological systems are being developed. Sources of lead include paint in homes built before 1978, imported products, parental occupations, hobbies, and imported traditional medicines and lead painted toys. Check *WWW.CPSC.gov* for a list of recalled lead painted toys.

A FACT Sheet developed by WCHD is available for any organization to duplicate and utilize to outreach and educate the public on Lead Poisoning Prevention. A Regional Resource Reference Manual was created to assist service providers and area professionals with reliable lead prevention, lead laws, home owner or tenant information and local resources on the Eastern Shore.

Continued promotion to remediate pre-1950 homes on the Eastern Shore and provide certified lead abatement training workshops has increased the number of lead abatement contractors from 14 in June 2006 to 42 in September 2007.

There are steps that everyone can take to lower their children's risk for unintentional lead poisoning. If you, or anyone you know, are currently remodeling a home, have the house tested for lead before continuing work. Financial assistance is available through the Maryland Department of Housing and Community Development Grant and Loan Program.

For more information about lead poisoning prevention, lead laws, homeowner or tenant information, please visit the Coalition to End Childhood Lead Poisoning Web site at: *http://www.leadsafe.org/index.cfm*, the Maryland Department of Environment's Web site: *http://www.mde.state.md.us/Programs/LandPrograms/LeadCoordination/index.asp*, or contact the Wicomico County Health Department at (410) 543-6942 ext. 1821.

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## Calling all Hospitals and Healthcare Facilities!

OB/GYN Medical Education at Holy Cross Hospital, located in Silver Spring, Maryland would like to network with hospitals and other healthcare facilities interested in offering continuing medical education credits to their healthcare providers. At no cost to hospitals and/or healthcare facilities, OB/GYN Medical Education of Holy Cross Hospital would provide OB/GYN Grand Rounds through a weekly telecast.

If you are a hospital or healthcare facility interested in receiving OB/GYN Grand Rounds through a weekly telecast, please contact *CME Coordinator, Melinda Contreras, at contrm@holycrosshealth.org.*

## Holy Cross Hospital Weekly Telecast Grand Rounds

The OB/GYN Medical Education Department at Holy Cross Hospital in Silver Spring, Maryland is making available its weekly grand rounds via video telecast for all interested medical institutions in the area.

The series runs through the entire academic year and features prominent local and national speakers dealing with a wide variety of topics in the field of women's health. Interested parties are invited to contact *Continuing Medical Education Coordinator, Melinda Contreras, at contrm@holycrosshealth.org.*

# Body Sense Newsletter Addresses Teen Girls' Tobacco Use

*Tara Snyder, Health Educator/Low-Literacy Specialist, Center for Health Promotion, Education and Tobacco Use Prevention, Maryland Department of Health and Mental Hygiene (DHMH)*

The three leading causes of infant death in Maryland—prematurity, low birth weight, and Sudden Infant Death Syndrome (SIDS)-are all strongly linked to smoking during pregnancy. Because 43 percent of live births in Maryland are unintended (Maryland PRAMS report, 2005), efforts to prevent poor pregnancy outcomes related to tobacco use must focus on the pre-conceptual population. With this fact in mind, the Body Sense Program was designed to encourage teenage girls to quit smoking long before they are ready to think about starting a family.

Developed by DHMH's Center for Health Promotion, Education and Tobacco Use Prevention, the Body Sense Program's goals are to educate female teen smokers about smoking-related health risks, motivate them to quit, and provide support for them to quit successfully and maintain a smoke-free lifestyle.

The Program is a low-intensity, nurse-driven intervention offered in a clinical setting. Counseling is offered to teenage girls receiving family planning services from one of Maryland's local health departments. The Program uses a self-help tool in the form of an upbeat, colorful newsletter called Body Sense, which explores the relationship between tobacco use and health issues of concern to teen girls, such as weight loss and skin care. Nurses distribute the newsletter during counseling sessions. Participants are encouraged to read the newsletter, complete the enclosed evaluation card, and return the card to clinic staff for a small incentive. The cards are returned to the Center for Health Promotion for evaluation.

This fall, the second issue of Body Sense is hot off the press. The new issue features articles on smoking and sports performance, peer pressure, and how to quit smoking-all geared toward teen girls. Please feel free to contact Monika Driver if you have any questions, need more information/materials, or would like to schedule trainings. She can be reached at: 410-767-1370 or by email at *mdriver@dhmh.state.md.us*. Also, please refer to our Web site at: *http://www.fha.state.md.us/ohpetup/html/matcld.cfm* for more information.

# Breastfeeding New Mom—Hospital Discharge Bag

*Carol Bass, IBCLC  WIC/IPO Coordinator, Garrett County Health Department*

Garrett County moms who choose to breastfeed their babies don't leave the local hospital with formula samples common in discharge bags provided by formula companies. Instead, they go home with a discharge bag which is breastfeeding friendly.

The idea came about through a county collaborative, originally developed in response to a Maternal/Child Health Community Needs Assessment for Garrett County, to encourage exclusive breastfeeding and promote longer duration. The bags are given in lieu of formula company discharge bags to breastfeeding moms at hospital discharge at Garrett Memorial Hospital, and to any Garrett County mom delivering at another location through the IPO (Improved Pregnancy Outcome), WIC, and Healthy Families Garrett County programs at the Health Department. Bags are assembled by WIC/IPO program staff. Videos included in the bags are recycled to decrease costs. Four International Board Certified Lactation Consultants (IBCLCs) are available to answer questions, give anticipatory guidance, and address concerns or problems through the Garrett County Health Department programs.

Additional washable breast pads are given to mothers who contact one of the Health Department IBCLCs for information or support. A Hospital Grade Electric Breast Pump Loaner Program is available for all county residents with special needs on a short term basis. Hand and electric pumps available for WIC participants through WIC, and manual pumps are available through IPO and Healthy Families Garrett County.

For further information contact: Carol Bass at *cbass@dhmh.state.md.us*


# Survival Skills for Middle School Youth and Their Parents: Family Workshop for Teens-Grades 7th-8th

*Mary Lee O'Connell, CRNP*

Parents and Kids Talking is a program that presents family-centered sexuality education emphasizing primary prevention and encouraging parents to communicate both the facts of life and their own personal values and beliefs about sexuality. The material presented in programs conducted by Parents and Kids Talking, and on the website, grew out of research into questions children had and were expressing in workshops. The children's questions enabled the development of handouts to assist parents from preparing children for puberty to answering difficult questions about homosexuality and contraception. Programs have been presented in Montgomery County.

The Survival Skills for Middle School Youth and Their Parents Progam was developed initially by students at Pallotti High School in Mntgomery County. Other students have edited and improved the questions over the years. Any school can use this format and older students who are peer educators are great role models for the middle school students.

The following questions were asked by 7th-8th greaders in preparation for a parent meeting at a Montgomery County elementary school.

Do the students who go to middle school have sex?

Are kids allowed to kiss in middle school?

How many kids in middle school have AIDS?

Will I be safe in middle school?

Are there many relationships in middle school?

After talking with parents, counselors, and teachers, it was obvious that 7th and 8th grade students have many concerns and questions about high school. Over time, high school students were asked to assist, and they helped develop the workshop.

The Program has evolved over the years to assure confidentiality so that what is said in the group stays in the group and no one argues about another person's answer. The topics have remained the same but the sequence of the topics have changed. Students wanted to begin discussions with less personal topics, such as transitioning to high school, and popular images portrayed in the media before tackling the more serious topics such as drugs, alcohol and sex. They thought the most personal topic—changing relationships, should be discussed after the group got to know each other more. In preparing for each workshop, the small group leaders have an opportunity to edit or change the questions.

A parent program has been developed that gives parents an opportunity to discuss the same questions that the small groups discuss. Parents also need reminders on confidentiality and to not argue with another parent's answer. Often a parent will downplay another parent's concern or answer." It couldn't happen here," is a familiar statement. The large group's summary of the students' answers serves as a reality check for these parents.

You can visit the Web site and download material to host your own workshops at your schools, places of worship or as a family.

For more information call Mary Lee O'Connell at 301-652-2504 and visit the web site at: *www.parentsandkidstalking.com*

Some sample discussion points of the Survival Skills Program include the following.

## Media

What are the values communicated by media messages (from magazines, commercials - e.g., Axe - MTV, OC, Laguna Beach, Maui Fever, etc.)?

How do these messages make us feel?

How do these messages compare to our family's value system?

## Transition into High School

Do you think that TV shows are realistic in how they portray high school?

The start of high school is often rocky; who will you turn to for help?

How will you make friends?

How do you think most students handle the stress of a heavier academic load?

## Drugs and Alcohol

Why do you think kids drink and use drugs in high school?

What might tempt you to drink or use drugs?

## Sex

Do you think sex is a big part of high school?

What kind of relationships do you expect to have in high school with members of the opposite sex?

How can you keep dignity and respect in your relationships—both friendships and boyfriend/girlfriend relationships?

Do you think being sexually active can affect your reputation?

How will you handle the pressure to conform? Will you stand up for what you believe?

## Changing Relationships

How would you describe your current relationship with your parents?

Do you expect this to change while you are in high school?

How can you maintain a healthy relationship with your parents throughout high school?

# Preventing Perinatal HIV in Maryland: Provider Outreach and Patient Education

*Elisabeth Liebow, MPH, Coordinator, Perinatal Infections Outreach Program, Director, Baltimore Regional Perinatal Advisory Group (RPAG), Baltimore County Department of Health*

Over a decade ago in the United States, nearly 2,000 infants were born infected with HIV each year, and hundreds of infants died each year due to HIV infection. With the initiation of antiretroviral therapy in the mid-1990's, it became possible to nearly eliminate perinatal transmission.

Indeed, we have made enormous strides nationally and in Maryland. Compared to a decade ago in Maryland, vertical transmission of HIV has been reduced by over 80%, and yet considerable challenges to eliminating mother-to-child transmission remain:

- ❖ Maryland ranked third in the nation for annual AIDS cases reported in 2005 (28.5 cases per 100,000 population). The national rate in 2005 was 14.0 cases per 100,000 population;
- ❖ The Baltimore/Towson area ranked second among metropolitan areas in the nation (40.4 cases per 100,000 population);
- ❖ In Maryland, between 200 and 225 HIV-positive women give birth each year; and
- ❖ Of postpartum women surveyed in October 2005 in Maryland, 16 percent said that no health care provider had spoken with them about HIV during pregnancy .

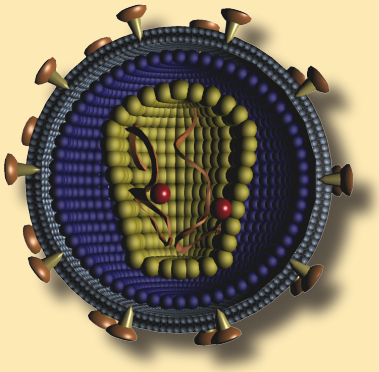
## What's being done?

The Baltimore Regional Perinatal Advisory Group (RPAG), a project of the Perinatal Infections Outreach Program at the Baltimore County Department of Health, recently implemented a multi-pronged Perinatal HIV Prevention Initiative to address the issue of perinatal HIV in central Maryland (see below).

As noted in previous issues of the Perinatal Network News, the RPAG's goal is to optimize the health of pregnant women and newborn infants in the Baltimore region through education, advocacy, and information sharing. RPAG members are public and private sector clinicians and administrators; public health officials; and advocates from Baltimore County, Baltimore City, Carroll County, Frederick County, Harford County, and Howard County. Specifically, RPAG members represent hospital departments of Obstetrics and Gynecology; Neonatology; Nursing and Infection Control; community health centers; Medicaid managed care organizations; officials from the six local health departments and the state health department; MedChi, the Maryland State Medical Society; and other national- and state-level professional and advocacy associations.

## Obstetrics Provider Preventing Perinatal HIV Toolkits

With funding from the Maryland Department of Health and Mental Hygiene's (DHMH) Center for Maternal and Child Health (CMCH), the Maryland AIDS Administration and MedChi, the RPAG designed, produced and distributed 600 toolkits to obstetrics providers throughout central Maryland between August 2006 and March 2007. Providers include obstetricians, maternal-fetal medicine physicians, residents, family practitioners, and certified nurse midwives. The toolkits, Preventing Perinatal HIV Transmission: A Clinician's Toolkit for Testing, Counseling and Referral, are aimed at promoting HIV testing in pregnancy, and are full of resources on pre-test counseling, consent requirements in Maryland, new HIV reporting laws in Maryland, clinical management guidelines, consultation, and referral resources and more.



## Presenting and Distributing the Toolkit

The toolkits have been presented at hospitals during obstetrics departmental meetings, and before or after Grand Rounds lectures. Coordinators of local health departments' Fetal and Infant Mortality Review (FIMR) Programs are helping distribute toolkits to providers in their jurisdictions during visits to practice sites. Additionally, a number of agencies, such as MedChi and some local health departments, are in the process of creating web links to the electronic version of the toolkit on their agencies' web sites.

## Live on the Web!

The electronic version of the toolkit is updated continually. Since recommendations on the clinical management of HIV infection change rapidly, readers are encouraged to consult additional sources for the latest recommendations. Links to these resources are found on the toolkit's Web site at: *www.baltimorecountymd.gov/go/perinatal*. Additionally, readers can be notified electronically each time updates are made to a document in the toolkit by subscribing to the toolkit at the bottom of most pages on the Web site.

## Feedback

The toolkits have won praise from a variety of HIV program staff at the Centers for Disease Control and Prevention; the American College of Obstetricians and Gynecologists, which provided some materials for the toolkits free of charge; the Region III AIDS Education and Trainings Centers; the Region III STD/HIV Prevention Training Center; the Center for HIV Education and Research at the University of Southern Florida, which allowed the RPAG to adapt some of its materials; and several CDC perinatal HIV grantees who also permitted the RPAG to adapt their materials.

## Have Providers Found the Toolkits Useful?

Obstetrics providers in Baltimore County and Baltimore City, the first providers to receive toolkits, were administered questionnaires asking how useful they found the HIV toolkits in their practices. Specifically, providers were asked about toolkit materials relating to the chapters on: 1) Requirements for Consent and Disease Reporting; 2) Screening, Treatment, and Management Guidelines; 3) Pre-test Counseling Guidance, and; 4) Consultation and Referral Resources.

With a 25% response rate, 90 percent of all respondents found the toolkit useful. Of the four categories of Toolkit materials assessed, survey respondents indicated that Consultation and Referral Resources was the most favorable chapter of the toolkit.

## Going Statewide

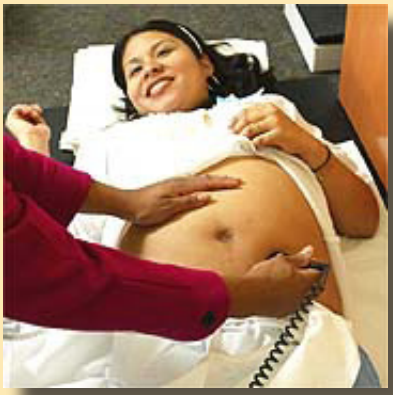
At the request of the CMCH, the AIDS Administration and MedChi, and with continued funding from DHMH, the provider outreach project has now been expanded. Five hundred additional toolkits have been produced and are now being distributed across the state to providers not reached in the project's first phase.

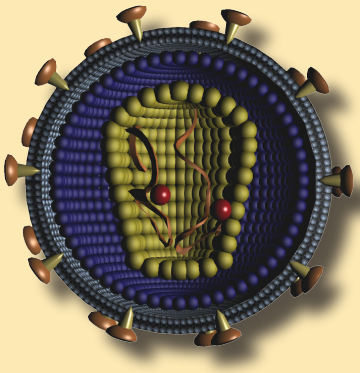
## Helping to Spread the Word and the Toolkits!

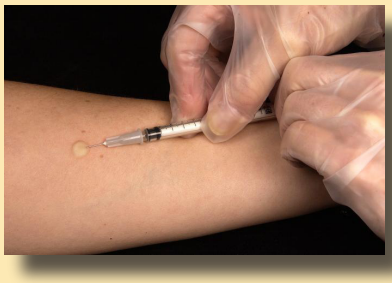
Need toolkits? Call us! And, consider adding a link to the toolkit to your agency's Web site!

## What About Educating Patients?

In conjunction with this second phase of the provider outreach effort, the RPAG is rolling out Phase III of the HIV Initiative, a Patient Education Campaign to encourage pregnant women to get tested for HIV. The RPAG designed low-literacy level brochures in English and in Spanish that will be distributed through local health departments (HIV outreach, WIC, STD, Family Planning, Healthy Start, etc.), home visiting programs, hospital clinics, and providers' offices.







Eighty-five thousand brochures have been printed in English, and 15,000 in Spanish. Brochures can be ordered free of charge directly through the state's Distribution Center. Call Shawnte at 410-799-1940 to order the materials listed below:

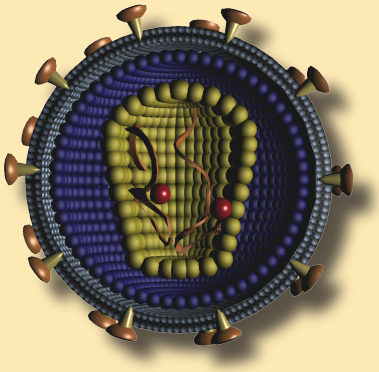
HIV Perinatal Patient Brochure= B588

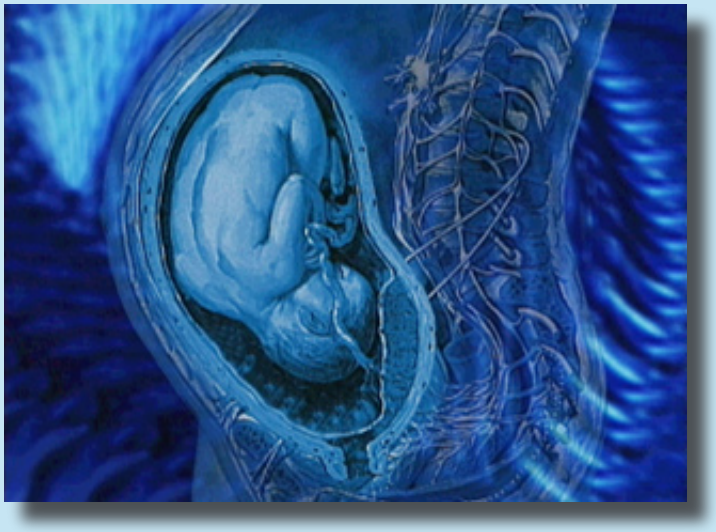
HIV Perinatal Patient Brochure (Spanish) = B588.1

If you have any questions about either the provider outreach project (toolkits), or the patient education campaign, contact Elisabeth Liebow at: *eliebow@baltimorecountymd.gov*, or 410-887-3134.

## Note to Readers on the Brochure

The following two pages are a reproduction of the HIV Perinatal Patient Brochure. The original brochure is an 8.5 x 11 page folded in half, printed front and back. The front cover contains a cutout through which the inside right page logo is visible. The framed transparency you see in this reproduction is meant to simulate that front cover page cutout, and does not exist on the actual brochure.





## Services & Support

**Maryland Department of Health and Mental Hygiene:**

**AIDS Administration**
410-767-5227 or 1-800-358-9001
www.dhmh.state.md.us/AIDS

**Healthy Start Program**
410-767-6750 or call your local health department

**Women, Infants and Children Program (WIC)** 1-800-242-4WIC
*(food supplements, nutrition education)*

**Center for Addiction and Pregnancy, Johns Hopkins Bayview Medical Center**
410-550-3066 *(in-patient and out-patient treatment programs addressing all aspects of substance abuse during pregnancy)*

**TurnAround, Inc.** 410-828-6390
*(Baltimore area services and statewide referrals for domestic violence, adult & child sexual assault/abuse)*

## Hotlines

**Maryland Department of Health and Mental Hygiene:**

**Maryland AIDS Hotlines**
**English** 1-800-638-6252
**Español & TTY** 1-800-553-3140

**Maternal and Child Health Hotline** 1-800-456-8900
*(assists pregnant women seeking prenatal care)*

**Mental Health Hotline**
1-800-888-1965
TTY 410-953-1861

**Línea Nacional de Información Sobre el SIDA** 1-800-344-SIDA

**Maryland Crisis Hotline**
1-800-422-0009

**24-Hour Crisis Hotline**
410-828-6390 *(Domestic Violence)*

**First Call for Help** 1-800-492-0618
*(statewide information and referral to health and human services)*


**The Baltimore Regional Perinatal Advisory Group**
A project of the Baltimore County Department of Health
6401 York Road • Baltimore MD • 21212 • 410-887-3134
www.baltimorecountymd.gov/go/perinatal

April 2007

Brochure funded by the Maryland Department of Health and Mental Hygiene. Adapted with permission from a brochure by the Center for HIV Education and Research, University of South Florida, www.USFCenter.org.




# One test may save your baby's life...

## GET TESTED TODAY!

By law, your doctor must talk to you about HIV and offer you an HIV test at your first prenatal visit.

So, ask about an HIV test today...
for your health and your baby's!

# Get tested for HIV today...

## FACTS YOU NEED TO KNOW!

- HIV is the virus that causes AIDS.
- HIV can be spread through unprotected sex, injection-drug use, and from a mother to her baby.
- About 25% of HIV-infected pregnant women who are NOT treated during pregnancy can give HIV to their infants during pregnancy, during labor and delivery, or during breastfeeding.
- There are medicines that pregnant women with HIV can take to lower the chance of their babies being born with HIV. These medicines also can help women with HIV live healthier and longer lives.
- Services are available to help women lower their risk for HIV and provide medical care and other help to those who are infected.
- For these reasons, HIV testing is recommended for all pregnant women!

# ...for you and your baby.

## PROTECT YOUR BABY RIGHT FROM THE START!

- A simple blood test will show if a pregnant woman is infected with HIV.
- With treatment, women with HIV can greatly lower the risk of having a baby with HIV.
- Young women are the fastest growing group of people with HIV/AIDS.
- PROTECT YOUR BABY…Ask your doctor or nurse about an HIV test today, or call 1-800-358-9001 for a free testing site near you.

## GET THE BEST POSSIBLE CARE WHILE YOU ARE PREGNANT AND AFTER!

Ask about the Healthy Start Program… a free health department program to help you, your baby, and young children by providing prenatal education, counseling, and other nursing services at a clinic or in your home. Call the Maryland Healthy Start Program at 410-767-6750, or call your local health department.